


FILE NOW: FILING FEE IS \$61.25

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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90072 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N29508					
1. Corporation Name DISABLED AMERICAN VETERANS AUXILIARY, JOHN T. HE NSLEY UNIT # 96 INC.					
Principal Place of Business PO BOX 1425 LAKE PANASOFFKEE FL 33538			Mailing Address PO BOX 1425 LAKE PANASOFFKEE FL 33538		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/01/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROUNDS, MONA D. 2676 CR 415 P.O. BOX 776 LAKE PANASOFFKEE FL 33538				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 P.O. Box 1741			
				84 City			
				85 Zip Code			
				Lake Panasoffkee FL 33538			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Sandra Planner Sandra Planner DATE 4/28/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Planner, Sandra	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KURRASH, BARBARA			1.2 NAME	P.O. Box 1741, 1380 CR 437		
STREET ADDRESS	3814 CR 405 N			1.3 STREET ADDRESS	Lake Panasoffkee, FL 33538		
CITY-ST-ZIP	LAKE PANASOFFKEE FL			1.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Doty, Mirian	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDONALD, JOYCE			2.2 NAME	P.O. Box 62		
STREET ADDRESS	5729 N CR 470			2.3 STREET ADDRESS	Lake Panasoffkee, FL 33538		
CITY-ST-ZIP	LAKE PANASOFFKEE FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDONALD, JOYCE			3.2 NAME			
STREET ADDRESS	5729 N CR 470			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE PANASOFFKEE FL			3.4 CITY-ST-ZIP			
TITLE	ADD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	clark, Barbara	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROUNDS, MONA			4.2 NAME	403 Temple St.		
STREET ADDRESS	P.O. BOX 776, 2676 CR 415			4.3 STREET ADDRESS	Inverness, FL 34452		
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce McDonald Joyce McDonald DATE 4/28/99 DAYTIME PHONE # 352-748-2775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)